

NC 4442
Cambridgeshire County Council.

EDUCATION COMMITTEE.

TWENTY-FIFTH
ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR ENDING 31st DECEMBER, 1933.

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Introduction.

At the end of 1933 there were 126 Public Elementary Schools under the control of the County Education Committee (52 Provided and 74 Non-Provided), comprising 127 separate departments. The number of children on the school registers at the end of the year was 9,568, the average number in attendance being 8,319.

Staff.

Services in connection with school medical work are rendered by the following :—

*FRANK ROBINSON, M.D., D.P.H., *School Medical Officer and Medical Officer of Health.*

*JESSIE H. GELLATLY, M.D., D.P.H., *Assistant do.*

*W. PATON PHILIP, M.C., M.B., D.P.H., D.M.R.E., *Tuberculosis Officer.*

*J. C. G. EVERED, L.D.S. (Edin.), *School Dentist.*

W. H. HARVEY, M.D., *Bacteriologist.*

J. C. W. GRAHAM, M.D., *Ophthalmic Surgeon.*

E. H. EZARD, M.D., D.Sc., *Ophthalmic Referee.*

MISS A. GRAHAM, *Superintendent of County Nursing Association.*

*G. G. GALPIN, *Chief Clerk and Enquiry Officer under the Mental Deficiency Acts.*

* Whole-time Officers of the County Council.

Co-Ordination.

As set out in previous reports the elementary education and Maternity and Child Welfare areas coincide and comprise the whole Administrative County outside the autonomous Borough of Cambridge. It consists entirely of rural parishes. Both services are administered from the County Public Health Department and the same Nurses are employed for both purposes. The reports on the pre-school child are a basis for the remedy of defects through the Maternity and Child Welfare scheme before entry to school life, and the records are systematically transferred to the schools. The pre-school remedial measures include orthopaedic treatment and the remedy of refractive errors. Co-ordination is also secured in dealing with the mentally defective child as the School Medical Officer is also the Council's medical adviser under the Mental Deficiency Acts.

Hygienic Condition of Premises.

Structural alterations and improvements have, as usual, occupied the attention of the Buildings Sub-Committee, and the following items exemplify their activities during the year.

Drainage improvements—Histon Cl., Croxton Cl.

Improved arrangements for refuse disposal—Gt. Chishall Cl., Longstowe Cl.

Lighting improvements—Croxton Cl., Swavesey.

Reconstruction of offices—Swavesey.

Improved Water Supply—Gamlingay Cl., Comberton C.E.

Improved Heating Arrangements—Meldreth Cl., Impington Cl., Upware Cl., Gt. Wilbraham C.E., Waterbeach Par.

Artificial Lighting.—Installation of electric light at Swaffham Prior. Where this becomes practicable it is to be recommended from the health point of view owing to the purer atmosphere and the relief to eyesight when compared with the very indifferent illumination commonly afforded by the oil lamps in village schools.

The closing of the Over C.E. School led to proposals for the improvement of the Over Cl. School premises, mainly the rebuilding of the offices, provision of a medical inspection room and of better cloak room accommodation, plans for which have been approved. The provision of a new school to replace the unsatisfactory premises at Fen Ditton has been submitted to the Board of Education, but authority to proceed has not yet been received.

Two long outstanding structural problems again received consideration during the year. The premises of Steeple Morden School have been the subject of adverse comment for many years, renewed in 1933 arising out of criticisms by H.M. Inspector. Plans for improved ventilation and increased window space were called for but no definite settlement has yet been arrived at. The Non-Provided School at Castle Camps has a similar history, but during the year some progress has been made, improvements to lighting and ventilation having been carried out.

The School Medical Officer reported on the following matters :—Wood Ditton and Elsworth C.E. Schools, structural condition, Great Wilbraham C.E. School, heating (improved), Burwell Par. School, dangerous condition of playground (remedied). Chippenham Endowed School, ventilation.

Reference may conveniently be made to school gardens in this section of the report. Of the schools with senior children in attendance, 43 have school gardens. Resolutions were passed in favour of enlargement of the garden sites at several schools and a report was furnished by the Supervisor on some 13 or 14 gardens specially referred to him. This matter is to secure fuller consideration, and from the hygienic point of view deserves every encouragement. Not only do the boys derive physical benefit from the open air instruction but school dinner schemes are substantially assisted by the produce raised. Moreover the interest taken by the children in the school gardens should lead to greater use of the cottage gardens and result in the increased production of vegetable foods which are of such importance in the dietary of growing children. The silver trophy presented by Councillor W. E. Mann for the best collection of vegetables grown in a school garden should thus be of direct value to the health of the children.

Medical Inspection.

The arrangements for inspection of children in the three prescribed age-groups and for annual re-inspection continue unaltered, the actual examination being carried out by Dr. Gellatly, the Assistant School Medical Officer, who is also approved by the Board for the certification of exceptional children (blind and deaf, etc.).

The numbers examined will be found in Table 1 appended to this report, the principal totals being :—

Routine examinations	3,259
Specially presented	241
Re-examinations	5,309

These figures shew some decrease owing to unavoidable temporary reasons. The high proportion of reinspections will again be noted and is largely attributable to the continued observation of minor degrees of defect, as, for example, hypertrophied tonsils without obvious prejudicial effects, for which unnecessary operative treatment is deprecated. The systematic review of children who are wearing spectacles also accounts for many reinspections.

Findings of Medical Inspection.—The defects disclosed are set out in the Board's Table IIA. appended to this report. The following items call for special comment.

Malnutrition.—Children recorded as of subnormal general physique numbered 256 against 311 in 1932. This figure is the total of those observed, including minor degrees recorded for observation. The proportion in the routine age-groups was 7.5% against 9.6 in 1931 and 9.3 in 1932. This rate compares favourably with five-yearly averages of 11.4% for 1923-1927 and 10.4% for 1928-1932.

Unemployment as a national problem has of course directed attention to the question of malnutrition, and reports from the Regional Medical Officers in England go to show that there is no general lowered standard of health although it exists in patches. In the Eastern Counties there has been little effect, perhaps because agriculture has suffered less than the manufacturing districts.

In rural Cambridgeshire the highest recorded proportion of school children of some degree of subnormal nutrition was 23.1 per cent in 1910, the first complete year of medical inspection. Pre-War it fell to 19.4 per cent in 1914, and during the war period to 9.3 per cent in 1921. Since then the highest figure was 12.6 per cent in 1925, since which it has fluctuated between 9.3 and 11.7 and, as just stated, was down to 7.5 in 1933. Enquiry from Health Visitors of longest experience in the County shows that the impression of the majority is that the general physique of the children below school age is improving, a factor of importance in estimating future developments in the health of the school child.

Uncleanliness.—Children noted as having verminous or nitty heads numbered 89 (routine 78, special 11), of whom 38 required treatment and 51 were slighter cases noted for observation. The percentages, based on routine examinations only were :—

	1929.	1930.	1931.	1932.	1933.
Total found unclean (all degrees)	4.1	2.8	2.4	2.3	2.3
Requiring treatment ..	1.6	1.1	1.1	0.9	1.1

Thus rather more than 2 per cent. of the children show some degree of this type against over 15 per cent. in the early days of the school medical service, and about one per cent. require active measures of cleansing. The 235 children with uncleanly bodies as noted at routine examinations were in the proportion of 7.2 per cent. compared with 6.0 in 1932.

Visual Defects.—The figures for refractive errors, including cases of squint, for the past five years are as follows :—

	1929.	1930.	1931.	1932.	1933.
<i>Referred for treatment :</i>					
Routine	75	54	59	67	64
Specially presented	30	24	24	19	20
<i>For observation :</i>					
Routine	141	156	152	176	184
Specially presented	10	17	7	12	23

Early treatment was found to be required in 1.9 per cent. of children in the routine age groups, and 5.7 per cent. were kept under observation. The cases of external eye disease call for no special comment.

Nose and Throat Defects.—The number of children recorded in the tonsils and adenoids group was 147 against 176 in the previous year, a percentage based on routine inspections, of 4.5 against 4.8 in 1932 and 6.9 in 1931. It will be observed that a very large proportion of these were cases of chronic tonsillitis only, a condition which does not in itself, as a rule, call for interference. The number of nose and throat defects recorded as in immediate need of treatment did not exceed 4, but the actual number who eventually received treatment was larger and no doubt a number of these children were among those making up the total of "other conditions," usually mouth breathers.

Dental Defects.—Information on this subject appears in the School Dentists's report appended, in the section on Remedial Measures, and in Table IV, Group IV.

Orthopaedic Defects.—The deformities recorded during inspections numbered 17, of which 4 were attributable to rickets. The absence of marked rickety deformity of the long bones is noteworthy in this area, which is a purely rural district without the smoke screen which contributes to the production of rickets in urban centres of population. Infantile paralysis is infrequently notified and can hardly be a serious factor in the production of orthopaedic defects. Tuberculosis of the bones and joints is dealt with under another heading.

The number of children (45) noted in the treatment tables is somewhat larger, and is based mainly on the returns from the orthopaedic centre at Addenbrooke's Hospital and from the subsidiary clinics organised by the Red Cross Society.

Heart Disease and Rheumatism.—Of the 10 children noted at inspections in 3 only was the heart lesion regarded as organic and none of the total were in need of active treatment. The child educated in a heart home was admitted from the wards of a hospital.

Tuberculosis.—As in the two immediately preceding years, only 3 cases were noted during medical inspection and none of these were pulmonary cases. The substantial decline during the previous ten years is thus maintained and the figures illustrating this improvement may with advantage be quoted from last year's report. They are the average number of cases of tuberculosis noted annually during the two five-yearly periods specified.

			Lungs.	Other Organs.
1923-1927	..	..	25	11
1928-1932	..	..	2.6	3.6

As previously stated the evidence furnished by the practical disappearance of a waiting list of child candidates from the rural area for admission to sanatoria or institutions for the orthopaedic treatment of tubercular conditions corroborates the favourable conclusion which may be drawn from the figures quoted above.

Diseases of the Skin.—The following figures show the incidence of the principal contagious skin diseases :—

	Discovered at Routine Inspections.	Notified by Teachers or Nurses.	Total.
Ringworm of the scalp	—	5	5
Ringworm of the body	3	31	34
Scabies	—	4	4
Impetigo	7	156	163

Scalp infections of ringworm which come to light among school children are now seldom as many as 10 per annum unless a large family happens to become infected. Scabies is rarely met with and impetigo is the only really troublesome skin infection from the school point of view. The number notified in 1933 (163) was much below the average for the previous five years (263).

Following-up.

There has been no change in the arrangements for observation or for securing treatment where required, either through medical re-inspection in the schools or through visits by the School Nurses to the parents, and the following figures will sufficiently indicate the scope of the work undertaken by the Nurses.

1. *Visits to Schools :—*

(a) Routine Medical Inspection..	..	..	143
(b) Special verminous inspections	..	..	20
(c) Other purposes	..	..	1408
			<hr/> 1571 <hr/>

2. *Visits to Homes of Scholars :*

(a)	Following-up to secure treatment	7990
(b)	Special enquiries into infectious and contagious diseases	1429
(c)	Special enquiries into refusals of dental treatment	1930
(d)	Other purposes	589
		<hr/> 11938 <hr/>

Arrangements for Treatment.

The scheme of medical treatment, which continued unaltered during the year, mainly comprises payment to Addenbrooke's Hospital, Cambridge, for various forms of treatment, and to the Red Cross Society for Orthopaedic Centre work, travelling dental and ophthalmic clinics, assistance in the provision of spectacles and surgical appliances and in travelling expenses for treatment, and the provision of malt and cod liver oil for illnourished children.

Malnutrition.—Some 92 children were selected to receive malt and cod liver oil in school on account of their subnormal nutrition, while selected children were approved for admission to open air residential schools, mainly on the grounds of a marked degree of malnutrition. The number actually admitted was 6, making with 5 in residence at the beginning of the year a total of 11 children thus maintained during 1933. This makes a total of 150 children maintained by the Committee in such institutions up to the end of 1933.

It is perhaps not sufficiently appreciated that malnutrition is not merely a question of the sufficiency or suitability of the food supply but is influenced by a variety of factors, among the commonest being lack of fresh air and sunlight, lack of daily exercise, or on the contrary, lack of rest and sleep, and excess or deficiency of clothing. As these are matters which can be remedied by wider information, opportunity has been taken of addressing Teachers and Nurses on the subject of the illnourished child and audiences of women are being addressed from time to time at the Women's Institutes.

Uncleanliness.—There was no departure from the customary method of supervision by systematic medical re-inspection, cleanliness surveys by School Nurses as called for, supervision of all uncleanly children in their homes by the School Nurses, with exclusion from school of all aggravated cases till cleansed. Exclusion proved necessary for 36 children, all of whom were cleansed without resort to the Courts.

During special complete surveys by the School Nurses 83 out of 1240 children examined showed some degree of uncleanliness and the customary procedure was followed to secure cleansing. Economy in the use of water resulting from the drought may have accounted for this increase on the previous year.

Minor Ailments and Diseases of the Skin.—There are no minor ailment clinics, children in need of attention for such conditions being supervised by the School Nurses in their homes, treatment at Addenbrooke's Hospital being resorted to in a minority of the cases. The same observation applies to disease of the skin, in-petiginous children excluded from school on grounds of contagion receiving attention from the School Nurses in their homes, while the very small number of cases of scalp ringworm usually attend Hospital for X-rays treatment. Advisory leaflets are also sent to the parents regarding the avoidance of contagion.

Visual Defects.—During the year, 244 children were dealt with (178 in 1932) of whom 201 were treated under the Committee's scheme and 43 by private practitioners or otherwise unofficially. Of those who came under the Committee's scheme 161 (98 in 1932) were dealt with by the Assistant School Medical Officer through her travelling clinic scheme and 40 by Dr. Graham, at Cambridge. Spectacles were prescribed for 222 children in all, and were received by 219, of whom 178 received them with the aid of the Committee. Among the children thus aided were 6 below school age suffering from squint, with a view to remedy before or during early school life.

Nose and Throat Defects.—Of 71 children treated for these defects, 35 received operative treatment against 22 in the previous year, but the number aided to do so by the Local Authority remained at much the same level as in the previous year, viz. 12 as compared with 13. It is not practicable to verify with accuracy the precise condition for which operative treatment was in fact undertaken, whether for tonsils only, adenoids only or a combination of the two, but as near as can be ascertained, the proportion of cases of adenoids only was low, and the tonsils only and tonsils with adenoids groups were approximately equal. The proportions of children treated did not differ widely from the proportions actually referred for treatment throughout the Country as judged from the annual report of the Board's Chief Medical Officer. As a matter of fact, however, the number referred for treatment in Cambridgeshire was lower than the number actually treated, as such reference is not customary in the absence of evidence of prejudice to the health of the individual child. Moreover, in all cases official action is limited to enabling children to attend the hospital centre with a view to such form of treatment as may seem to the hospital staff to be required, no preference being indicated as to whether it should or should not be of an operative character.

Dental Treatment.—There have been no fresh developments in the Scheme of dental treatment in the Elementary Schools which completed its twentieth year of work in 1933. The apparatus is conveyed to the schools in a motor van and the work is done on the school premises except at a few schools where this is impracticable. The whole of the children are inspected with the exception of those under five years of age in schools where the number on register exceeds 60 children.

During 1933, a scheme of dental inspection and treatment was initiated in the Secondary Schools on experimental lines; it is referred to in the section of this report which deals with those Schools. The following observations relate to the Elementary Schools.

In schools where both inspection and treatment were completed during the calendar year :—

(a) The number of children noted as needing treatment (4422) exceeded that of the previous year by 197. The proportion of children inspected who were recorded as needing treatment only differed slightly from that in the previous year, viz. 49.8 against 49.5 per cent. The highest proportion was recorded among the youngest children, approximately 66 per cent. at five or six years, decreasing fairly evenly through the higher ages to 29 per cent. at fourteen years.

(b) The proportion of acceptances of treatment for those found in need of it showed a slight increase, viz. from 63.1 per cent. in 1932 to 63.9 per cent. in 1933. Conversely the refusals decreased from 36.9 to 36.1 per cent. On the whole the greatest degree of success was attained in the middle years 10 and 11, more refusals being received at 12 and 13 years, at which ages presumably the children are allowed to have more of their own way. At this age the development of propaganda should have a useful effect.

It is quite possible that the difficulties under which dental treatment is carried out in rural schools as compared with the convenient arrangements available on special premises in the towns may be a factor in keeping up the refusal rate and that greater privacy and seclusion might encourage both parents and children to consent to treatment in substantially larger numbers. When a suitable opportunity presents itself it might be worth while for the Committee to consider whether it would be practicable to provide a specially equipped van where the work could be undertaken with greater satisfaction to all concerned. At the same time it may be noted, as regards the actual amount of treatment accomplished, that 2828 children received treatment in 1933, compared with 1176 in 1915, the first complete calendar year of the treatment scheme.

One method of endeavouring to lower the refusal rate is by interview with the parents of children for whom treatment is refused, and for this purpose 1930 home visits were paid by the School Nurses during the year. Another method employed is that of propaganda, addresses and demonstrations having been given by a lecturer of the Dental Board of the United Kingdom in certain of the schools. An offer from the Board to give an extended series of addresses in 1934 has been readily accepted by the Committee.

(c) The School Dentist draws attention to the fact that fillings increased by 349 on the previous year, viz. 2059 against 1710, a relative increase of 14 per cent. when calculated on the number of children treated. He is disposed to attribute this to the propaganda work in the Press and to the efforts of the Dental Board.

Orthopaedic Treatment.—Through the Maternity and Child Welfare Committee and the Education Committee, the County Council assists in the provision of orthopaedic treatment for children from infancy till school-leaving age in the following ways:—

(1) Through a substantial annual grant to the Cambridgeshire Branch of the British Red Cross Society in recognition of their scheme for the care of cripples.

(2) By assistance with the expenses incurred in travelling to the Orthopaedic Clinic at Addenbrooke's Hospital, and to the Red Cross Society's three subsidiary centres accessible to Cambridgeshire patients.

(3) By assisting in the provision of surgical appliances. Eleven school children were aided in this way in 1933.

(4) By payment to Addenbrooke's Hospital of the cost of inpatient or outpatient treatment where the family are not contributors under the Hospital scheme. Payment has similarly been made for inpatient treatment of school children in the National Orthopaedic Hospital in special cases.

(5) By payment for school children under training in a special cripple school. One child was being maintained in 1933 at the Heritage Craft Schools, Chailey, Sussex.

(6) Through the Public Health Committee, by maintaining children suffering from tuberculosis of the bones and joints at appropriate institutions for treatment. Including 3 new admissions, 7 children were maintained during 1933 and 4 remained under treatment at the end of the year.

During 1933, in the whole area covered by the Clinic at Addenbrooke's Hospital and those managed by the Red Cross Society, 707 patients (187 new) were dealt with, 1771 clinic visits and 235 home visits being paid. The following figures relate to patients exclusively from the Cambridgeshire rural area, which is coincident with the County Maternity and Child Welfare and Elementary Education areas.

Age.	All Cases.	New Cases.	Clinic Visits.	Home Visits.
Under 5	84	22	174	32
Over 5	97	10	212	31
Adults	51	19	126	19
Total	232	51	512	82

From these figures it will be seen that four-fifths of the Cambridgeshire orthopaedic patients are children and only one fifth adults, so that the problem is one chiefly to be dealt with during the period of childhood. Further, in round numbers, taking the child population below five years at 5000 and the children on the school registers at 9600, there were attending the clinics approximately 17 children per thousand below school age and 10 per thousand children aged five years and upwards, the proportion below school age being much the higher. The Health Visitors' records of children below school age are carefully scanned for the detection of children who need the

aid of the clinics and these figures are encouraging as indicating that a considerable degree of success is attained in this direction. and that children are receiving treatment for conditions which might otherwise prevent their attendance on attaining school-age or might hamper their physical activities in competition with normal children of school-age.

An analysis of the numbers under treatment for the different types of orthopaedic defect shows that whereas in proportion to the population in the age-groups advice for the sequelae of paralysis is sought about equally for those above and below five years, rickety deformities of the long bones, mainly bowlegs, are recorded solely among those below school-age. This suggests that advice for this condition is sought widely in early childhood, and, as often stated, that a serious degree of deformity of the long bones due to rickets is not commonly met with in Cambridgeshire.

Of children of school-age, the paralysis and flat foot again constitute a high proportion of those for whom advice is sought. The number of cases of congenital deformities, such as club foot, is not large, but there is, perhaps naturally, a higher proportion under treatment at school-age as interference with walking impresses itself early on parental attention.

Tuberculosis.—On the preventive side, illnourished children belonging to tubercular families may receive malt and cod liver oil in school and are among those selected for residential open air schools. It is hoped also that some of the open air shelters provided by the Public Health Committee under their scheme for the treatment of tuberculosis may be available, on the advice of the Tuberculosis Officer, for selected children in tubercular families. It should be added that in any new school construction the open air principle is kept in view by the County Architect.

As regards children actually recognised to be infected it is worth while repeating that in the selection of cases of children for institutional treatment the Public Health Committee have followed the policy of isolation of cases recognised to be infective, have removed early cases from unfavourable surroundings, and have secured orthopaedic treatment for non-pulmonary cases which might otherwise result in permanent crippling and economic dependence on public resources. As pointed out in an earlier section, the task of institutional care for such children has now become much lighter.

In addition to 10 tubercular children remaining in institutions from the previous year, there were 7 admissions, making a total of 20 under treatment, of whom 10 were discharged and 7 remained under treatment on January 1st, 1934.

Admitted during 1933.

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Lungs and Thoracic Glands	1	1	2
Cervical Glands	—	1	1
Abdomen	—	1	1
Hip and Knee	3	—	3
Total	4	3	7

Remaining on January 1st, 1934.

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Lungs and Thoracic Glands	1	2	3
Spine	—	—	1
Hip Joint	3	—	3
Total	4	3	7

Altogether, during the past sixteen years, 381 children from the County Elementary School area have received sanatorium treatment (pulmonary and thoracic glands 274, bones and joints 46, other organs 61). There was thus an average of 24 children treated annually, with a peak number of 33 in 1922, the lowest number being 7 in the year 1933 now under review.

Other Defects Treated.—Of 43 letters of introduction given to Addenbrooke's Hospital, Cambridge, 12 were for tonsils and adenoids, 4 for other diseases of the ear, nose and throat, 3 for ringworm of the scalp and 1 of the body, 3 for diseases of the external eye, 8 for dental treatment, 3 for orthopaedic treatment, and 9 for other conditions.

Neglect.—In recognition of enquiries made and assistance given towards securing treatment for children in circumstances of difficulty the Education Committee subscribe annually to the funds of the N.S.P.C.C. During the year 28 children in 26 families were referred to the Society, in 7 cases because of general neglect and uncleanness and in 19 for persistent failure by the parents to provide medical treatment or for refusal of assistance offered by the Committee

Infectious Diseases.

In compliance with the regulations of the Education Committee, notifications were received from Head Teachers regarding known or suspected cases of the acute infections and of contagious skin diseases. The number of schools thus intimated to be infected were diphtheria 5, scarlet fever 32, whooping cough 48, measles 39, chicken-pox 31, mumps 12, German measles 1 and influenza 1. During the year the School Medical Officer furnished 162 certificates for purposes of calculation of attendance where the Head Teacher had notified its reduction below 60 per cent for a week, owing to infection. Special school visits were paid by the School Medical Staff on 31 occasions for enquiry and preventive measures, 18 being for scarlet fever, 12 for diphtheria and one for ringworm. For the detection of diphtheria 228 swabs were taken, 10 of which showed evidence of infection. Closure was only resorted to in exceptional circumstances, the total number of closures being larger than usual owing to the influenza outbreak. The actual number of schools closed was 19, of which 9 were for influenza alone, 4 for whooping cough with influenza, 2 for measles with influenza, 2 for measles and 2 for whooping cough.

It will be observed that none of the closures were for the infections notifiable to the Local Sanitary Authority under Public Health Acts and Regulations, but that all were for infectious diseases attended by possible danger from lung complications. It was especially considered advisable to resort to closure, in preference to the usual practice of relying on exclusion of individual scholars exposed to risk, where two infections attended by risk of pneumonia coincided in any given parish. This situation arose in midwinter, owing to the influenza outbreak, which began in December of the previous year, continuing during the early weeks of 1933, during which time measles and whooping cough also made their appearance in certain parishes.

In connection with this type of infection occurring among young children, the visits of enquiry paid by the School Nurses into all such cases unattended by a doctor which are notified from the schools can clearly be of great protective value as affording opportunity for advising the mothers on the care of the children during the acute stages of illness, and that this assistance may be on a large scale is shown by the fact that 1429 such visits were paid during the year, a large number of which were for infections of this type. During these visits the existence of infection among children below school age also comes to light, with the result that young lives at greatest risk from these causes may be afforded protection by the education of their mothers on the special care required.

It may be useful to note the reduction in the loss of child life from diseases of this type since the establishment of the school medical service in this County area 25 years ago. During the first ten years (1909-1918) 144 deaths from measles and whooping cough occurred among the rural population, practically all children, while during the ten years ending 1932, the corresponding number of deaths was 65. If this be corrected to allow for the decrease in child population (taking school children as a basis of calculation) the reduction of mortality from these two infections is found to be not less than 50 per cent. This very appreciable saving of child life may reasonably be attributed in part to the greater care exercised by the mothers as the result of information given to them through the medium of the Maternity and Child Welfare and School Medical services.

Open Air Education.—In response to a circular enquiry, the Head Teachers have been good enough to furnish information regarding the arrangements at their schools for holding open-air classes in the warmer months. Replies received from 108 schools may be classified as follows :—

1. Open-air classes held systematically or fairly so	..	48
2. Open-air classes held occasionally	.. ..	23
3. Open-air classes not held at all	.. ..	37

These figures relate to work ordinarily undertaken in the class room, and do not include physical instruction. In most cases the classes are held in the playground, but some nine specially favoured schools can make use of adjoining recreation grounds or meadowland, and of these Sawston Junior Council School is exceptionally well

circumstanced. Of the reasons given for not holding classes the commonest are the lack of shade and the difficulty of moving furniture in and out. The latter reason probably accounts largely for the fact that the infant classes get more playground education than the older children. Lack of shade would of course be a sound reason on sunny days but not otherwise, and one would suppose that in this country there would be many days in the summer on which this difficulty would not be experienced. It may be remembered that some years ago the Education Committee authorised the planting of trees in playgrounds but little use has been made of this sanction ; in many playgrounds there is not space but it is unlikely that there are none where this provision for the future is practicable. Occasionally, playgrounds by the roadside are too exposed to the distractions and dust from passing traffic for instructional use, and very occasionally the offices are mentioned as an objection.

Apart from playground classes, mention is made by some Teachers of the gardening classes, instruction in surveying and nature walks, all of which are essentially open air forms of instruction. One teacher gives details of how the clothing of the children in playground classes is so manipulated as to expose as much skin area as can reasonably be done. At Histon Ch. School, the Head Teacher makes special mention of regular weekend and holiday time camps while organised parties go to Cambridge for swimming instruction.

At four schools playground instruction is considered unnecessary as the structure of the external walls renders the classrooms practically open air rooms.

Physical Training.—For some years the question of the appointment of a Physical Training Organiser has been kept in the foreground in these annual reports, and it is highly satisfactory to be able to record that, in combination with Local Education Authorities for Cambridge Borough and the County of the Isle of Ely, approval has now been given to the appointment of a male and a female organiser to serve all three authorities jointly.

The value of the work of such officers is specially emphasised in the last annual report of the Chief Medical Officer of the Board of Education, and in view of the new undertaking it will be of advantage to quote several paragraphs from this report.

“The bulk of the teaching is rightly in the hands of the class-teacher who has usually had instruction during the Training College course, but many have had no post-certificate training at all. It is almost unfair to teachers and children to leave them with no further expert guidance, and the general standard of physical work in areas where competent Organisers are employed is incomparably better than in the unorganised areas. The Organiser is not primarily a teacher but is rather a demonstrator, an inspirer, a source of enthusiasm and encouragement. The holding of classes for teachers is one of the Organiser's important duties. The visits to individual schools, the talk and discussion with different teachers, the practical hints as to the management of gymnastics or games under particular conditions bring the Organiser and teacher into close and friendly contact.”

And again : " At the basis of organisation are the training classes for teachers conducted by the Organiser. This is, and should be, the centre of energy and guidance, and the Organiser would be wise to look upon this branch of his work as the most dynamic of his functions. If he can get in his area a great company of keen, efficient and devoted teachers, his battle is won not only for the present but for the future. Then, too, the less experienced teachers are interested and appreciate the importance of exact technique and style. The work must be well done professionally, thorough and efficient."

Provision of Meals.—The provision of school dinners is a question which has constantly been before the Committee, especially in connection with long-distance children attending the grouped senior schools. The Committee have definitely laid down the proposition that it is an essential feature of such grouping schemes that the children who are compelled to be away from their homes all day should have a mid-day dinner placed within their reach. What applies to the average child applies much more to the illnourished child.

The teachers will be familiar with the sort of pocket dinner which children bring with them if no hot meal is available. Much of it is of the nature of sandwiches, bread forming a very large part of the meal. This means that a great fault of the working class child's dietary, excess of cereal foods, is even further accentuated, and if the laboratory work undertaken by first class observers has brought them to sound conclusions the children thus fed are all the more likely to have their nutrition interfered with and to develop teeth which are of such structure as readily to decay.

Without any scientific basis for their opinions, but on grounds of common sense, the parents, when it was proposed to establish grouped school systems raised the objection of the lack of a mid-day meal. The Committee felt the force of it and are prepared to give what assistance they legally can. Reports on five such schemes have been furnished by the Head Teachers and from these the following information is extracted.

Bassingbourn Council School.—During 10 weeks in mid-winter 3156 dinners were supplied to a daily average of 63 children at a charge of 2½d. per two-course meal or a weekly charge of 1/-, the charge decreasing with a larger number of children in family. This is the oldest dinner scheme in the County area and has afforded an excellent example. It would be a great advantage if it could be extended over a longer period.

Burwell Senior School.—Advantage of this meal has been taken by a maximum of 36 out of 50 long distance children, an improvement of 25 per cent. over the previous winter. The limited accommodation of the Cookery Room has been a difficulty, which should be removed by the agreed extension of the premises for manual instruction. A charge of 2½d. per two-course meal has made this scheme self-supporting.

Isleham C.E. School.—A charge of 2d. has enabled this two-course meal to be self supporting, perhaps because of the success of the Head Teacher, Mr. Hodges, in begging for vegetables from well disposed people in his village. Here the girls prepare the meals and make the arrangements, including the purchase of the food and payment for it.

Sawston Village College Senior School.—This is the largest scheme, and is carried on throughout the year, the number of diners varying from 100 in the Summer to 126 in the Autumn. The figures represent an increase on the previous year and as most of the vegetables are supplied from the school garden it has been possible to increase the size of the meal while keeping the charge at 2½d. The canteen fund bears the full cost of the meal, including the wages of the cook and the charge for electricity consumed.

Fordham C.E. School.—This new scheme commenced in the autumn and is limited to the two days in the week on which the cookery instruction is given. A two-course dinner is provided at a charge of 9d. for the two meals, with cocoa on the three other days. The scheme is self-supporting though not more than 16 children have so far taken advantage of it. It is hoped to be able to extend it throughout the week next winter. Here again the senior girls gain economic experience by keeping the dinner accounts.

Such activities as the foregoing mean a good deal of self-sacrifice on the part of the teachers and constitute a very praise-worthy piece of social work. On the other hand, they should benefit by the readier educability of the children, while opportunity is afforded for training them through the medium of table manners, for demonstrating the value of team work, for teaching practical points on suitable dietary, and for showing the proper value of the green stuffs grown in the school garden as a most important contribution to the food supply fitted to the needs of the young.

Milk Meals.—If school dinners cannot be arranged, and even if they can, great benefit can be derived from the provision, on payment of one penny, of ½ pint of milk in the middle of the morning under the scheme of milk clubs run extensively through the National Milk Publicity Council and by private milk producers. This is an unofficial arrangement managed by the teacher, but certainly encouraged by the Committee, who would be very glad to see it widely developed. They stipulate that proprietary preparations shall not be used and that the source of supply shall be notified before the scheme starts, so that the milk may be analysed to ensure its quality and freedom from tuberculosis. Apart from this the teacher has a free hand.

If there is one thing in the field of research that has been established of recent years beyond the shadow of a doubt it is the value of milk to the growing child, and the reason is plain. It is that not only does milk contain those food stuffs which provide heat and energy, repair waste and add to the bodily weight of the active, growing child, and these in an assimilable form, but it also contains

most, if not all, of the vitamins which are essential to the child's well-being, controlling its growth, building up bones and sound teeth, and protecting from rickets and scurvy and perhaps even from certain infections such as those of the catarrhal type. For such reasons it will be obvious that where the teacher is able to develop the milk club as part of the school routine, definite physical benefit may confidently be anticipated, accompanied by a greater alertness and a quicker reception of learning.

Such arrangements exist at several schools, e.g. at Sawston Cl. Senior, Swaffham Prior, and Castle Camps, but such milk schemes are few in number, and do not gain ground with the rapidity hoped for. The County Maternity and Child Welfare Committee have now had an experience, extending over a period of thirteen years, of the supply of milk to children below school-age, who have been kept under constant observation by the Health Visitors. The benefit derived by the great majority of these children is beyond question, and there can be no doubt that children of school age would respond equally well to this form of assistance.

An enquiry by the Education Secretary in 1933 went to show that in the schools generally, where no dinner scheme exists, about 540 children in 61 schools bring their own meals to school. In the majority of these schools a hot drink, most frequently cocoa, is provided at mid-day, the materials either being brought by the children or provided at the school for a penny to 2½d. per week. There is generally supervision by a teacher, the children taking their meal in a classroom in winter and often in the open air in summer. At a few schools there are facilities for warming food brought by the children. Naturally more children stay in the winter and on wet days.

A few schools provide hot cocoa made with milk during the morning break for ½d. a cup. At Waterbeach a local charity make a grant in aid, and in a few other villages local help is given, such as free milk and utensils. Cocoa, as all know, is "grateful and comforting," and from that useful point of view its benefits will be given a better chance, where long distance children are concerned, in the dinner hour, which may be rather a cheerless experience. Its warming effect and other properties as a fuel food are of decided value, but unless made with milk it has very little vitamin content. It is therefore essential that it should be made with milk if the child's requirements are adequately to be met.

The Committee provide malt and cod liver oil for illnourished children in attendance at school, and children selected by the medical staff received this form of assistance during the year.

Co-operation.—It has always been the policy of the Education Committee to make as much use as possible of voluntary organisations, and where direct services are rendered an annual subsidy is paid. Such grants are made to the County and District Nursing Associations for school nursing services, the Cambridgeshire Voluntary Association for Mental Welfare for services in connection with mentally defective children, the County Branch of the British Red Cross Society for the work of the orthopaedic clinics and the N.S.P.C.C.

for action in cases of neglect referred to them. Mutual assistance in the provision of surgical appliances is given between the Department and the Cambridge and District Surgical Aid Association, payment is made to the Invalid Children's Aid Association for the reception of physically defective children in their institutions, and the new provisions of the Children and Young Persons Act have substantially increased the co-operation already existing with Dr. Barnardo's Homes and similar organisations.

Co-operation with the teachers in all matters connected with the health of the children has been well established for many years and the cordial and valuable relations established are highly appreciated by the medical staff. The services rendered by the teachers continue as set out in detail in previous reports. There is also constant and mutually helpful co-operation with the Education Secretary's Department on matters of health, both general and as concerns individual children, and here the co-ordination of the medical work with that of the Attendance Officers is of special value. Frequent consultation with the County Architect's Department should also receive appreciative reference.

Blind, Deaf, Defective and Epileptic Children.

A numerical return of all exceptional children at the end of 1933 is furnished in Table III. appended to this report. Reports recommending institutional care were made to the School Attendance Sub-Committee during the year regarding 14 physically defective children suitable for open-air schools, mainly on grounds of malnutrition, three for special schools for the mentally defective, one for a certified school for the deaf, and one each for a certified school for the blind and the partially blind, respectively. Also one child was recommended for admission to a school for crippled children. The year's record of children in institutions (all residential) is as follows :

		<i>Mentally</i>				<i>Physically</i>
		<i>Defective.</i>	<i>Epileptic.</i>	<i>Deaf.</i>	<i>Blind.</i>	<i>Defective.</i>
Remaining Dec. 31st,						
1932	.. ..	6	—	5	2	5
Admitted in 1933	.. ..	—	—	1	1	7
Discharged in 1933	.. ..	1	—	—	—	5
Remaining Dec. 31st,						
1933	.. ..	5	—	6	3	7

The children noted in the Physically Defective column are, with the exception of one cripple child, in open-air schools. The County Council is a constituent authority of the East Anglian Institution for Blind and Deaf Children at Gorleston-on-Sea, where 5 places are reserved for children from their area, and children

are sent to other similar certified schools when the institution at Gorleston is filled. Places are reserved for illnourished and pre-tubercular children at the open-air schools managed by the Invalid Children's Aid Association and at the Ogilvie School of Recovery at Clacton-on-Sea. The provision made on these lines includes children for whom the Council become responsible as the Public Assistance Authority.

Supervision of children leaving open-air schools is exercised by the School Medical and Nursing Staffs, while those who leave certified and special schools at the age of 16 are referred to the appropriate local voluntary associations for the care of the mentally defective, blind and deaf. The Cambridgeshire Society for the Blind and the Cambridgeshire Voluntary Association for Mental Welfare undertake statutory duties for the County Council.

Mental Deficiency.—Of 17 cases of mental defect brought to the notice of the Education Committee during the year, 4 were for purposes of ascertainment and record only. In addition, 2 were approved for admission to a special school (one admitted since the end of the calendar year) and one was notified as about to leave a special school at 16 years. In this case steps are to be taken for guardianship or institutional care under the Mental Deficiency Acts. Seven children were notified as ineducable in an elementary or special school, and have been placed under Statutory Supervision.

Special school accommodation for higher grade mentally defective children is obtained in branches of the Royal Eastern Counties Institution, where 5 children were under instruction at the end of the year. Continuity of protection and control at the leaving age of 16 years is secured by notification to the Committee for the Care of the Mentally Defective. The Cambridgeshire Voluntary Association for Mental Welfare undertake voluntary supervision of higher grade defective children who leave the elementary schools at the age of 14, and they also investigate for the Education Committee the circumstances of possible candidates for special schools.

The seven defectives discharged from special schools during the past five years were all males. Of these, two are under Statutory Supervision in their homes working satisfactorily, one is under Guardianship working satisfactorily, two are in Certified Institutions under Order, one is on licence from a Certified Institution in satisfactory employment and one has left the County.

Higher Education.—The Local Education Authority do not maintain courses of higher education for adolescents who are blind or otherwise defective. They send such pupils to existing institutions elsewhere, and during 1933 maintained one male and one female pupil at the Norwich Institute for the Blind, who are now Home Workers resident in the Institute, and one male pupil at the Royal Midland Institute for the Blind, who is still undergoing his course of training.

Medical Inspection in Secondary and Technical Schools.

All candidates to whom County Minor Scholarships and Free Studentships at the Technical School have been awarded were examined, the numbers being as follows :—

	<i>Boys.</i>	<i>Girls.</i>
Cambridge and County High School for Boys	31	—
Cambridge and County High School for Girls	—	29
Soham Grammar School	4	—
Ely High School	—	6
Perse Schools	5	3
Technieal School	9	13
	<hr/> 49	<hr/> 51

With one exception, all candidates were considered fit on health grounds to hold their seholarships, subject to provision of medieal treatment to hold their seholarships, subject to provision of medieal treatment or periodic re-inspection in the eases of 6 eandidates with defective sight. The following particulars will be of interest as indieating the defects found to be present, and the extent to which they had been remedied.

Of 11 candidates with defeetive sight, 6 were already wearing suitable speetacles, 4 had since had glasses provided through Dr. Gellatly, and one awaited treatment.

Dental treatment was found to be required by 27 eandidates. For 11 of these treatment was eompleted by the County School Dentist, 1 by the Borough School Dentist, and 15 through other ehannels.

The foregoing statement relates to candidates examined prior to their admission to the Sceondary and Teehnieal Schools. Towards the end of the year a scheme of medical and dental inspection, approved by the Board of Edueration, was commenced, under which all entrants during the Michaelmas Term, with the exeption of those already examined for scholarship purposes, underwent routine medical inspection, i.e., all fee-paying pupils newly admitted were inspected for the first time. All the schools in question are provided by the Education Authority. The total number of pupils examined was made up as follows :—

	<i>Male.</i>	<i>Female.</i>
County High School for Boys	70	—
County High School for Girls	—	37
Soham Grammar School	20	—
Technieal School	39	19
	<hr/> 129	<hr/> 56

The principal defects detected among the 185 fee-paying pupils were as follows :—

			<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Subnormal Nutrition	..	..	12	4	16
Enlarged tonsils :—					
For observation	..	..	10	2	12
For treatment	..	..	—	—	—
Tonsils and Adenoids	..	..	1	—	1
Defective vision :—					
For observation	..	..	12	3	15
For treatment	..	..	7	6	13
External eye injury	..	..	1	—	1
Deafness	..	..	2	—	2
Other conditions	..	..	3	—	3

The condition as to nutrition noted was as follows :—

			<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Normal (or above)	..	..	117	52	169
Subnormal	..	..	12	4	16

The nutritional state at the Technical School, where the average age of the pupils is some years higher than at the Secondary Schools, was particularly noteworthy. Of 58 pupils recorded only 3 (all boys) were subnormal, while 13 boys and 11 girls, or 33 per cent. and 59 per cent. respectively, were recorded as above the average.

Of the 15 pupils noted for observation for defective vision all were wearing spectacles prescribed before admission to school. Of the total number of fee-payers examined, 18 boys and 8 girls were recorded to have had previous operative treatment for enlarged tonsils or adenoids or both. A considerable proportion of these pupils had previously been in attendance at Public Elementary Schools and had therefore benefitted by the treatment schemes of the Local Authorities.

Of 13 pupils referred for treatment for defective vision, 2 were from the Isle of Ely. Of the 11 belonging to this County 5 males and 3 females received treatment privately, and 3 (females) were outstanding at the time of report. Both of the 2 males referred for treatment for defective hearing obtained it privately.

Dental inspection was carried out by the County School Dentist, all entrants being inspected, whether scholarship holders or fee-payers. Treatment was provided through the same officer in necessitous cases, but as will be seen, the majority obtained it from their own resources.

	<i>Inspected.</i>	<i>Required Treatment.</i>	<i>Received Treatment.</i>
County High School for Boys	138	16	11
County High School for Girls	59	12	12
Soham Grammar School ..	25	10	7
Cambs. Technical School ..	73	37	27
	295	75	57

Of the 75 found to require treatment, 51 were fee-payers, of whom 28 received treatment privately, 5 by the School Dentist, and 18 are outstanding. Of the 24 scholarship pupils, 10 were treated by the School Dentist, and 14 privately.

Parents Payments.

The arrangements in force in connection with the medical treatment of children attending public elementary schools continue to be on the lines approved by the Board of Education in 1923. The decision whether children are eligible to receive treatment at Addenbrooke's Hospital under the Committee's arrangements is governed by a weekly income scale per head of the family. The same applies to children selected for examination for errors of refraction, and for contribution towards the cost of spectacles. For treatment by the School Dentist an inclusive fee of 6d. per treatment is charged.

At the Secondary Schools similar arrangements hold good for scholarship holders, but as a rule, the parents of fee-payers provide treatment out of their own resources, exceptional cases being aided by the Committee.

Health Education.

The Board's Handbook of Suggestions on Health Education, including the Syllabus on the Hygiene of Food, was reissued in 1933, and has been supplied to the teachers, who are expected to include the teaching of hygiene in the curriculum. They will find this publication a valuable guide for instructing scholars in the hygienic conduct of their lives, not only during school age but when they take their place in the community as adult citizens.

In the chapter on the teaching of hygiene in schools in his Annual Report for 1932 the Board's Chief Medical Officer emphasises, among other difficulties, that of authoritatively conveying such instruction in an unsatisfactory school environment, structural or otherwise, a difficulty familiar to all concerned in school administration. "We teach that cleanliness of body is essential. Yet there are often no ready means of securing cleanliness at home or at school. We claim that health should be taught in ideal surroundings of beauty and light and air. Yet many schools are dull and drab, and perhaps even lack sunshine and fresh air." Admirable as many teachers are in their interest in matters relating to the health of the children, it is not a universal practice among them to make full use of the facilities provided for free ventilation, nor can such facilities always be made use of without some personal inconvenience to both teachers and pupils. Moreover, in some schools, the Committee's Regulations governing cleanliness of the premises do not appear to be fully enforced, and a more stringent supervision of the work of the school cleaners could be exercised with advantage. Similarly, there are schools in which the washing arrangements for the children are inadequate, a fact which must weaken the force of instruction given

on the value of personal cleanliness. Some assistance may be given in this respect through the development of better schemes of water supply in the villages, resulting from the attention which is at present being directed to the improvement of rural water supplies. In the meantime the Board's Handbook might be studied with advantage not only by the Teachers, but by those who are directly responsible for the management and care of the school premises.

Hygienic information is distributed from the Public Health Department through various channels, such efforts being partly opportunist and partly systematic. In the ordinary course of their duties in following-up defects in school children found to require remedy, the School Nurses are expected to take advantage of the opportunities afforded for giving hygienic information to parents and children. Leaflets of instruction and information are issued from the Department in individual cases of personal uncleanness and contagious skin disease, and precautionary leaflets are broadcasted through the villages concerned when outbreaks of measles and whooping cough occur. This has been done for many years and may reasonably be regarded as a factor contributing to the substantial reduction of the mortality from these causes of recent years.

With a small professional staff it is not practicable for systematic addresses to be given in the schools. As far as time permits, however, addresses are given to the mothers on matters relating to the health of children by the medical staff, the Tuberculosis Officer and the School Dentist. The School Medical Officer, has, for example, recently addressed Teachers and School Nurses on the subject of the care of the illnourished child and on the general question of child nutrition, and simpler addresses on the same subject are being given to parents as opportunity is afforded. Addresses were given during the year at selected schools by a lecturer from the Dental Board of the United Kingdom, and the Committee have gladly accepted an offer by the Board to give a series of lectures extending over a fortnight in the current year, the Committee paying the travelling expenses.

On behalf of the County Branch of the British Red Cross Society the Rural Community Council have organised addresses in some 8 villages annually by two members of the honorary staff of Addenbrooke's Hospital on the subject of the prevention and treatment of crippling conditions, a valuable aid to the work of the orthopaedic clinics.

Miscellaneous.

Special reports have been furnished regarding the fitness of teachers for duty, and medical certificates furnished by some 47 teachers on appointment have been advised upon, with medical examination where necessary. A large number of reports have also been furnished on the fitness of children for school attendance.

Full acknowledgment should be made of the services of Dr. Gellatly, the Assistant School Medical Officer, who undertakes the great bulk of the work of school medical inspection together with special duties in connection with exceptional children and those suffering from defective vision, and who has assisted in the compilation of the annual statistical tables appended to this report.

Acknowledgments are also due to the School Dentist, Mr. Evered, for his report and statistics relating to dental inspection and treatment, and to Dr. Paton Philip, the Tuberculosis Officer, for much assistance in connection with diagnosis and institutional care.

FRANK ROBINSON.

School Medical Officer.

Shire Hall,
Cambridge.

Dental Inspection and Treatment.

Twentieth Annual Report by Mr. J. C. G. Evered, L.D.S., County School Dentist.

During 1933, children aged 5-14 were dealt with in the larger schools, but in those schools where the numbers on the register are below 60, the whole were dealt with, children under 5 years thus being included.

The year's work is set out in detail in the statistical tables appended to the School Medical Officer's report, but certain information may usefully be stated here in tabular form.

1. *Schools dealt with :*

A. Schools inspected and treated	..	..	128
B. Schools inspected only	..	..	12
C. Total schools visited (A + B)	..	..	140

2. *Children dealt with :*

A. In schools inspected and treated	..	..	8872
Required no treatment	..	..	4450
Required treatment	..	..	4422
Received treatment	..	..	2828
Refused treatment	..	..	1594
Temporary teeth extracted	..	..	4854
Permanent teeth extracted	..	..	564
Fillings	..	..	2059
B. In schools inspected only	..	..	820
Required no treatment	..	..	363
Required treatment	..	..	457
C. In total schools visited (A + B)	..	..	9692
Required no treatment	..	..	4813
Required treatment	..	..	4879
D. Special cases	..	..	125
Temporary teeth extracted	..	..	137
Permanent teeth extracted	..	..	15
Fillings	..	..	52

Of 9,692 children who underwent routine dental inspection 4,813 or 49.6 per cent. required no treatment ; 4,879 or 50.4 per cent. did require it, being 0.5 per cent. higher than last year.

In schools both inspected and treated during the year, of those children, 4,422, requiring treatment, 63.9 per cent. received it, the parents refusing treatment for the remaining 36.1 per cent., a decrease of 0.8 per cent. on last year's refusals. In 22 schools there were no refusals of treatment, an increase of 1 on last year, and in 24 schools there were fewer than 5 refusals, an increase of 6 on last year.

The numbers of temporary and permanent teeth extracted were 4,854 and 465 respectively, and 2,059 fillings were done.

A point of interest in connection with fillings is the fact that the opposition to fillings by parents and children is not nearly so strong as it was a few years ago. This is no doubt due to the amount of propaganda work in the Press, and by lecturers sent down by the Dental Board.

Of the total number of children inspected, 5,433 or 61.2 per cent. were found to have clean mouths, while pus was noted to be present in the mouths of 3,439 or 38.8 per cent.

Children to the number of 125 were treated as special cases, either being brought specially to my notice or coming forward voluntarily for treatment. For these children 137 temporary and 15 permanent teeth were extracted, and 52 were filled.

Including both routine and special cases, the total number who received treatment during the year was 2,953. The numbers of temporary and permanent teeth extracted were respectively 4,991 and 579, while 2,111 fillings were done, and minor operations, sealings, etc. amounted to 307.

Towards the end of the year the inspection of entrants to the Secondary Schools was carried out, and the numbers inspected are set out in the following table:—

Total number inspected	157
Required no treatment	96
Required treatment	61

The County High School for Boys was not inspected, owing to the near approach to the Christmas holidays.

I must again record my thanks to the teaching staff for the very cordial and valuable help they continue to give me in my work, and I have noticed a marked reduction in the number of refusals in those schools where the teachers make a point of talking to the children about the importance of good teeth. Also to the nursing staff I tender my thanks for the wholehearted help given to me in helping in the schools, and also in interviewing the parents of children for whom treatment has been refused.

J. C. G. EVERED.

TABLE II.

A.—Return of defects found in the course of Medical Inspection
in 1933.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					Number referred for Treatment.	Number requiring to be kept under observa- tion, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observa- tion, but not referred for Treatment.
(1)					(2)	(3)	(4)	(5)
Skin.	Malnutrition	..	..		29	215	4	8
	Ringworm :							
	Scalp	..	..	..	—	—	—	—
	Body	..	..	..	1	2	2	2
	Scabies	..	..	..	—	—	—	1
	Impetigo	..	..	..	4	3	1	3
	Other Diseases (Non-Tuber- cular)	..	..	..	4	12	1	6
Eye.	Blepharitis	..	..	..	3	9	—	—
	Conjunctivitis	..	..	..	21	14	4	5
	Keratitis	..	..	..	—	—	—	—
	Corneal Opacities	..	..	..	—	1	—	—
	Defective Vision (excluding squint)				56	168	17	20
	Squint	..	..	..	8	16	3	3
	Other conditions	..	..	..	—	2	—	—
Ear.	Defective Hearing	..	..	..	—	5	1	4
	Otitis Media	..	..	..	—	8	2	3
	Other Ear Diseases	..	..	..	—	2	1	1
Nose and Throat.	Chronic Tonsillitis only)	..	..	..	3	134	2	4
	Adenoids only	..	..	..	1	—	—	—
	Chronic Tonsillitis & Adenoids	..	..	..	—	3	—	—
	Other conditions	..	..	..	36	52	6	5
	Enlarged Cervical Glands (Non-Tuber- culosis)	..	..	..	3	45	2	6
	Defective Speech	..	..	..	—	20	—	1

TABLE II.

B.—Number of *Individual Children* found at *Routine Medical Inspection* to Require Treatment (excluding Uncleanliness and Dental Diseases.)

Group. (1)	Number of Children.		Percentage of Children found to re- quire treat- ment. (4)
	Inspected. (2)	Found to re- quire treat- ment. (3)	
CODE GROUPS :			
Entrants	996	59	5.9
Second Age Groups ..	1085	70	6.4
Third Age Group ..	983	44	4.5
Total (Prescribed Groups)	3064	173	5.6
Other Routine Inspections ..	195	6	3.1

TABLE I. Return of Medical Inspection.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

Entrants	996
Intermediates	1085
Leavers	983
Total	3064

Number of Other Routine Inspections .. 195

B.—OTHER INSPECTIONS.

Number of Special Inspections	241
Number of Re-inspections	5309
Total	5550

TABLE III.—Return of all Exceptional Children in the Area.

Children suffering from multiple defects Nil.

Blind Children.

At Certified Schools for the Blind	..	..	..	..	1
At Public Elementary Schools	..	..	..	..	—
At other Institutions .. ..	..	..	..	..	—
At no School or Institution	..	..	..	..	—
Total .. ..	..	..	..	..	1

Partially Blind Children.

At Certified Schools for the Blind	..	..	..	..	2
At Certified Schools for the Partially Blind	..	..	..	..	—
At Public Elementary Schools	..	..	..	..	3
At other Institutions .. ..	..	..	..	..	—
At no School or Institution	..	..	..	..	4
Total .. ..	..	..	..	..	9

Deaf Children.

At Certified Schools for the Deaf	..	..	..	..	3
At Public Elementary Schools	..	..	..	..	—
At other Institutions .. ..	..	..	..	..	—
At no School or Institution	..	..	..	..	1
Total .. ..	..	..	..	..	4

Partially Deaf Children.

At Certified Schools for the Deaf	..	..	..	..	3
At Certified Schools for the Partially Deaf	..	..	..	..	—
At Public Elementary Schools	..	..	..	..	—
At other Institutions .. ..	..	..	..	..	—
At no School or Institution	..	..	..	..	—
Total .. ..	..	..	..	..	3

Mentally Defective Children (feeble-minded).

At Certified Schools for Mentally Defective Children	..	..	..	..	5
At Public Elementary Schools	..	..	..	..	214
At other Institutions .. ..	..	..	..	..	—
At no School or Institution	..	..	..	..	13
Total .. ..	..	..	..	..	232

Epileptic Children (severe).

At Certified Special Schools	..	..	..	..	—
At Public Elementary Schools	..	..	..	..	—
At other Institutions .. ..	..	..	..	..	—
At no School or Institution	..	..	..	..	7
Total .. ..	..	..	..	..	7

Physically Defective Children.

(a) Tuberculous Children.

(i) Children suffering from pulmonary tuberculosis.

At Certified Special Schools	..	..	..	3
At Public Elementary Schools	..	..	..	—
At other Institutions ..	..	..	..	—
At no School or Institution ..	..	..	..	2
Total .. ..	..	..	..	5

(ii) Children suffering from non-pulmonary tuberculosis.

At Certified Special Schools	..	..	..	4
At Public Elementary Schools	..	..	..	—
At other Institutions ..	..	..	..	—
At no School or Institution ..	..	..	..	2
Total .. ..	..	..	..	6

(b) Delicate Children.

At Certified Special Schools	..	..	..	5
At Public Elementary Schools	..	..	..	64
At other Institutions ..	..	..	..	—
At no School or Institution ..	..	..	..	7
Total .. ..	..	..	..	76

(c) ^u₂ Crippled Children.

At Certified Special Schools	..	..	..	1
At Public Elementary Schools	..	..	..	19
At other Institutions ..	..	..	..	—
At no School or Institution ..	..	..	..	5
Total .. ..	..	..	..	25

(d) Children with heart disease.

At Certified Special Schools	..	..	..	1
At Public Elementary Schools	..	..	..	—
At other Institutions ..	..	..	..	—
At no School or Institution ..	..	..	..	1
Total .. ..	..	..	..	2

TABLE IV.—Return of Defects Treated during the Year ended
31st December, 1933.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

(1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp ..	3 (3)	2	5
Ringworm—Body ..	1	33	34
Scabies	—	4	4
Impetigo	—	163	163
Other Skin Disease ..	—	13	13
Minor Eye Defects—			
External and other, but excluding cases falling in Group II.)	3	39	42
Minor Ear Defects	4	11	15
Miscellaneous—			
(<i>e.g.</i> , Minor Injuries, bruises, sores, chilblains, etc.) ..	—	2	2
Total	11	267	278

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I.).

Defect or Disease. (1)	Number of Defects Dealt with.			
	Under the Authority's Scheme. (2)	Submitted to Refraction by private practitioner or at hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint)	201	23	20	244
Other Defect or Disease of the eyes (excluding those recorded in Group I.) ..	—	—	—	—
Total ..	201	23	20	244

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	179
(b) Otherwise	43

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	178
(b) Otherwise	41

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.													
Received Operative Treatment.												Received other Forms of Treatment.	Total Number Treated.
Under Authority's Scheme in Clinic or Hospital.				By Private Prac- titioner or Hospital apart from the Authority's Scheme				Total.					
(1)				(2)				(3)		(4)	(5)		
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
6	5	1	—	9	—	11	3	15	1	16	3	36	71

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
(iv) Other defects of the nose and throat.

Group IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

Number of children treated under the Authority's Scheme.

Residential treatment with education	..	..	..	1
Residential treatment without education	..	..	..	—
Non-residential treatment at an orthopaedic clinic..	..		..	11

Number of children treated otherwise.

Residential treatment with education	..	..	..	—
Residential treatment without education	..	..	..	—
Non-residential treatment at an orthopaedic clinic	..		..	33
Total number treated	..	..	..	45

Group V.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist.

Routine Age Groups	..	5	..	811	
		6	..	923	
		7	..	900	
		8	..	965	
		9	..	1023	
		10	..	1029	
		11	..	1109	
		12	..	1011	
		13	..	969	
		14	..	132	
				<hr/>	8872
Specials	.. .. .				125
					<hr/>
Grand Total	.. ..				8997
					<hr/>

(b) Found to require treatment 4547

(c) Actually treated 2953

(2) Half-days devoted to (Inspection 133)					
(Treatment 238) Total	..				371
(3) Attendances made by Children for treatment	..				2953
(4) Fillings (Permanent Teeth 1766)					
(Temporary Teeth 293) Total	..				2059
(5) Extractions (Permanent Teeth 564)					
(Temporary Teeth 4854) Total	..				5418
(6) Administrations of general anæsthstetics for					
extractions .. .. .	.. .. .				Nil.
(7) Other operations (Permanent Teeth 12)					
(Temporary Teeth 295) Total					307

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

Total children examined in schools by School Nurses	..	1240
Total found unclean .. .. .	.. .. .	83
Cleansed under arrangements made by Authority	.. ..	9
Legal proceedings .. .. .	.. .. .	—